AMENDMENT TO CAMPAIGN DISCLOSURE STATEMENT

This form must be used to amend statements filed pursuant to Government Code Sections 84200-84216.5, and must be filed with all filing officers who received the statement being amended. NOTE: This form is **not** used to amend a Statement of Organization (Form 410). To amend a Statement of Organization, use the Form 410.

FORM 405
1990

(Type or Print in Ink)

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ALICE M. REIMCHE
CITY CLERK
CITY OF LODI

FOR OFFICIAL USE ONLY

I. The information required in Section I must correspond to the information provided on the campaign statement.

NAME OF FILER: (See important information on reverse.)   I.D. NO. (IF APPLICABLE):

Jack A. Sieglock

MAILING ADDRESS OF FILER: NO. AND STREET   CITY   STATE   ZIP CODE   AREA CODE/PHONE NUMBER

1702 Timberlake Cir   Lodi   CA   95242   (209) 368-6521

NAME OF TREASURER IF RECIPIENT COMMITTEE:

Larry M. Solari

PERMANENT ADDRESS OF TREASURER (IF APPLICABLE):   NO. AND STREET   CITY   STATE   ZIP CODE   AREA CODE/PHONE NUMBER

PO Box 1607   Stockton, CA   95201   (209) 943-2222

II. The following information amends campaign disclosure statement, Form No. **490**, Executed on **10/5/90** (MO., DAY, YR.) for the period **7/1/90** through **9/30/90**.

III. The amended information affects items on the:

☐ Cover Page   ☐ Allocation Page   ☑ Summary Page

☑ Schedule(s) **B, E**   ☐ Part(s) _____

IV. Describe the changes below. Include in detail all information you wish to become a part of your official campaign statement. Also attach a cover page, summary page or appropriate schedule if needed for clarification.

Additions to omissions on summary page + Schedule B.
Correction summary item 4, schedule E

Include additional information on appropriately labeled continuation sheets. (Number of pages attached _____.)

VERIFICATION

I HAVE USED ALL REASONABLE DILIGENCE IN PREPARING THIS STATEMENT. I HAVE REVIEWED THE STATEMENT AND TO THE BEST OF MY KNOWLEDGE THE INFORMATION CONTAINED HEREIN AND IN THE ATTACHED SCHEDULES IS TRUE AND COMPLETE.

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

EXECUTED ON **10/25/90** AT **Lodi, CA** (CITY AND STATE) BY **Jack A. Sieglock** (SIGNATURE OF TREASURER OR FILER)

A CANDIDATE, OFFICEHOLDER OR STATE MEASURE PROPONENT WHO CONTROLS A COMMITTEE **MUST** ALSO VERIFY THIS AMENDMENT TO THE CAMPAIGN STATEMENT.

I HAVE USED ALL REASONABLE DILIGENCE, AND TO THE BEST OF MY KNOWLEDGE, THE TREASURER HAS USED ALL REASONABLE DILIGENCE IN PREPARING THIS STATEMENT. I HAVE REVIEWED THE STATEMENT AND TO THE BEST OF MY KNOWLEDGE THE INFORMATION CONTAINED HEREIN AND IN THE ATTACHED SCHEDULES IS TRUE AND COMPLETE.

C	I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.
D	EXECUTED ON _____ (DATE) AT _____ (CITY AND STATE) BY _____ (SIGNATURE OF CANDIDATE/OFFICEHOLDER/PROPONENT/RESPONSIBLE OFFICER)
E	EXECUTED ON _____ (DATE) AT _____ (CITY AND STATE) BY _____ (SIGNATURE OF CANDIDATE/OFFICEHOLDER/PROPONENT)
F	EXECUTED ON _____ (DATE) AT _____ (CITY AND STATE) BY _____ (SIGNATURE OF CANDIDATE/OFFICEHOLDER/PROPONENT)

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

SUMMARY PAGE
FORM 490
(Amounts May Be Rounded To Whole Dollars)

NAME OF CANDIDATE OR OFFICEHOLDER AND CONTROLLED COMMITTEE:
CITIZENS FOR SIEGLOCK

I.D. NUMBER
902318

CONTRIBUTIONS RECEIVED	COLUMN A Cumulative total from previous period*	COLUMN B Total this period from attached schedules	COLUMN C Cumulative to date (Columns A + B)
1. Monetary contributions	$	$ 274.00 SCHEDULE A, LINE 3	$ 274.00
2. Loans received		2,000.00 SCHEDULE B, LINE 7	2,000.00
3. SUBTOTAL CASH RECEIPTS	$ LINES 1 + 2	$2,274.00 LINES 1 + 2	$ 2,274.00 LINES 1 + 2
4. Non-monetary contributions		-0- SCHEDULE C, LINE 3	-0-
5. TOTAL CONTRIBUTIONS WITHOUT ENFORCEABLE PROMISES	LINES 3 + 4	-0- LINES 3 + 4	-0- LINES 3 + 4
6. Enforceable Promises (Except loan guarantees, see Line 18 below)		-0- SCHEDULE D, LINE 7	-0-
7. TOTAL CONTRIBUTIONS	$ -0- LINES 5 + 6	$2,274.00 LINES 5 + 6	$ 2,274.00 LINES 5 + 6 (SHOULD EQUAL LINE 7, COLUMNS A + B)
EXPENDITURES MADE			
8. Payments	$	$2,119.29 SCHEDULE E, LINE 5	$ 2,119.29
9. Loans Made		-0- SCHEDULE EE, LINE 7	-0-
10. SUBTOTAL	-0- LINES 8 + 9	2,119.29 LINES 8 + 9	2,119.29 LINES 8 + 9
11. Accrued expenses (unpaid bills)		-0- SCHEDULE F, LINE 5	-0-
12. TOTAL EXPENDITURES	$ LINES 10 + 11	$ 2,119.29 LINES 10 + 11	$ 2,119.29 LINES 10 + 11 (SHOULD EQUAL LINE 12 COLUMNS A + B)

*IF THIS IS THE FIRST REPORT FILED FOR THE CALENDAR YEAR, COLUMN A SHOULD BE BLANK EXCEPT FOR LINES 2, 6, 9 AND 11 (if applicable).

STATEMENT OF CHANGES IN FINANCIAL CONDITION

13. Cash on hand at the beginning of this period. (Enter amount from Summary Page, Line 17, from previous statement filed.) .... $ -0-

14. Cash receipts this period (Line 3, Column B above) 2,274.00

15. Miscellaneous increases to cash (Schedule G, Line 4) .... -0-

16. Cash payments this period (Line 10, Column B above) 2,119.29

17. Cash on hand at end of reporting period (Lines 13 + 14 + 15 - 16 above) (If this is a Termination Statement, Line 17 must be Zero.)........................... $ 154.71
ENDING CASH ON HAND SHOUL
NOT BE A NEGATIVE AMOUNT

18. Amount of loan guarantees received (Schedule B, Part I, Column (b))..................... $ -0-

19. Cash equivalents (other assets held including outstanding loans made to others). Important: See instructions on reverse .... $ -0-

20. Outstanding debts (Line 2 + Line 11 of Column C above)................................ $ -0-

SUMMARY FOR CANDIDATES IN BOTH A JUNE AND NOVEMBER ELECTION (See Instructions on Reverse)

	1/1 THRU 6/30	7/1 TO DATE
21. CONTRIBUTIONS RECEIVED:		2,274.00
22. EXPENDITURES MADE:		2,119.29

SCHEDULE B -- LOANS RECEIVED (PART 1)
FORM 490
(Amounts May Be Rounded To Whole Dollars)

STATEMENT COVERS PERIOD	
FROM 7/1/90	THROUGH 9/30/90

NAME OF CANDIDATE OR OFFICEHOLDER AND CONTROLLED COMMITTEE:	I.D. NUMBER
Citizens for Sieglock	902318

PART I: LOANS RECEIVED

DATE REC'D.	FULL NAME AND ADDRESS OF LENDER (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS)	OCCUPATION / EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	INT. RATE	DUE DATE	AMOUNT OF LOAN	CUMU-LATIVE TO DATE
8/20/90 9/11/90	Jack A. Sieglock 1702 Timberlake Cirlce Lodi, CA 95242	Occupation: Field Representative / Employer: Norman D. Shumway Congressman	0% 0%	12/31/90 12/3/90	$1,000 $1,000	CALENDAR YEAR $ 2,000.00 FISCAL YEAR $
		Occupation: / Employer:				CALENDAR YEAR $ FISCAL YEAR $
				SUBTOTAL	(a) $ 2,000	

FULL NAME AND ADDRESS OF GUARANTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS)		OCCUPATION / EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT GUARANTEED THIS PERIOD	CUMU-LATIVE TO DATE
	NAME OF LENDER	Occupation:		CALENDAR YEAR $
		Employer:		FISCAL YEAR $
	NAME OF LENDER	Occupation:		CALENDAR YEAR $
		Employer:		FISCAL YEAR $
	SUBTOTAL DO NOT CARRY THIS AMOUNT TO THE SUMMARY BELOW. ENTER ON LINE 18 OF THE SUMMARY PAGE.		(b) $	

SUMMARY

1. LOANS OF $100 OR MORE RECEIVED THIS PERIOD (Include all Part 1 (a) subtotals) ... $ 2,000

2. LOANS UNDER $100 RECEIVED THIS PERIOD (Not itemized)........................

3. TOTAL LOANS RECEIVED THIS PERIOD (Line 1 + 2)............................... 2,000

4. LOANS OF $100 OR MORE REPAID, FORGIVEN, OR PAID BY A THIRD PARTY THIS PERIOD (Include all Part 2, Column (c) subtotals) (If forgiven or paid by a third party, also itemize on Schedule A).......................................

5. LOANS UNDER $100 REPAID, FORGIVEN OR PAID BY A THIRD PARTY (not previously itemized) (If forgiven or paid by a third party, also enter amount on Line 2 of the summary section of Schedule A)......................

6. TOTAL LOANS REPAID, FORGIVEN OR PAID BY A THIRD PARTY THIS PERIOD (Line 4 + 5)...

7. NET CHANGE THIS PERIOD (Subtract Line 6 from Line 3) Enter the difference here and on Line 2, Column B of Summary Page................ $ 2,000

(May be neg-ative figure)

(Amounts May Be Rounded To Whole Dollars)

NAME OF CANDIDATE OR OFFICEHOLDER AND CONTROLLED COMMITTEE:	I.D. NUMBER
Citizens for Sieglock	902318

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes is used to describe the expenditure, no written description is needed. (Note exceptions on the back of this schedule for code "T".) Refer to the back of this schedule and the back of the Schedule E Continuation Sheet for detailed explanations of each category.

"C" – MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER COMMITTEES

"I" – INDEPENDENT EXPENDITURES

"L" – LITERATURE

"B" – BROADCAST ADVERTISING

"N" – NEWSPAPER AND PERIODICAL ADVERTISING

"O" – OUTSIDE ADVERTISING

"S" – SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS

"F" – FUNDRAISING EVENTS

"G" – GENERAL OPERATIONS AND OVERHEAD

"T" – TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED. SEE BACK OF SCHEDULE E CONTINUATION SHEET.)

"P" – PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES

If one of the above codes does not accurately or fully describe the expenditure, leave the "Code" column blank and provide a written description in the "Description of Payment" column.

IMPORTANT: Do not itemize the payment of accrued expenses on Schedule E. Report only the lump sum of these payments on Line 4 of the Summary section, below.

NAME AND ADDRESS OF PAYEE, CREDITOR OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
U.S. Postmaster 120 S. School Lodi, CA 95240	L		$291.00
Warren Klump Corp. P. O. Box 251 Stockton, CA 95201	O		$669.38
Photo Instant Print 222 W. Pine Street Lodi, CA 95240	L		$803.78
Grossmans 1411 S. Stockton St. Lodi, CA 95240	O		$176.43
		SUBTOTAL	$ 1,940.59

SUMMARY

1. PAYMENTS OF $100 OR MORE MADE THIS PERIOD (Include all Schedule E subtotals) .... $ 1,940.59

2. PAYMENTS UNDER $100 THIS PERIOD (Not itemized) 178.70

3. TOTAL INTEREST PAID THIS PERIOD ON OUTSTANDING LOANS (Schedule B, Part 2, Column (d)) .... –0–

4. TOTAL ACCRUED EXPENSES PAID THIS PERIOD (Not itemized) (Schedule F, Line 4) .... –0–

5. TOTAL PAYMENTS THIS PERIOD (Line 1 + 2 + 3 + 4) Enter here and on Line 8, Column B of Summary Page .... $ 2,119.29